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ABSTRACT

This information packet contains eight two- to three-page publications from the American Psychological Association series "Psychological Services for the 21st Century, Psychology's Role in Health Care: Studying Human Behavior; Promoting Health; Saving Health Care Dollars; Providing Mental Health Services." The focus of the series is the connection between behavior and health. Each document succinctly portrays a problem area and provides examples of how psychological services can be or have been used to assist in correcting the problem. Document titles are: (1) "Preventing Youth Violence"; (2) "Promoting Women's Health"; (3) "Making Workplaces Safer and More Productive"; (4) "Psychological Services: Integral to a New Health Care System"; (5) "Mental Health Services Cut Overall Health Costs"; (6) "Psychological Services Address a Range of Health Concerns"; (7) "Psychological Research: Vital to Health Care Reform"; and (8) "Educating and Training the Next Generation of Psychologists." (JBJ)

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PSYCHOLOGICAL SERVICES FOR THE 21ST CENTURY

Psychology's Role in Health Care

Studying human behavior

Promoting health

Saving health care dollars

Providing mental health services

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THE AMERICAN PSYCHOLOGICAL ASSOCIATION is the major organization representing psychology and psychologists around the world. The Association has worked for more than a hundred years to advance psychology as a science, a profession, and a way to promote human welfare.

Most personal and social issues — from aging to AIDS, depression to drug abuse — demand a psychologist's understanding of human behavior. APA's more than 100,000 members and affiliates frequently provide information and design interventions to resolve pressing human needs.

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The Connection Between Behavior and Health

Preventing Youth Violence

Violence permeates virtually every corner of American life — our streets, our homes, our schools, and our workplaces. In fact, homicide is the most common cause of death for young African Americans — males and females.

The scourge of violence isn't felt only in urban communities. Domestic violence, hate crimes, sexual violence, and violence among peers pose threats to children, teenagers, and adults in every American community.

Through some 50 years of study, research by psychologists has determined that violence is not an inevitable consequence of the human condition. It is a learned behavior. And psychologists have developed overwhelming evidence that more appropriate, more positive ways of dealing with personal problems and social conditions can also be learned. Psychological intervention, for example, enables the perpetrators of violence to learn nonviolent responses to the environment and to provocations from others. And it can help those who suffer stress-related ailments as a result of witnessing violent acts.

The emergency department of the Children's National Medical Center in Washington, D.C., has seen a 1,740% increase in shootings and stabbings in just a three-year period.

The time to act. Interventions are most effective when introduced early in life and in a coordinated way within families and peer groups, in schools and workplaces, and then systematically repeated and expanded. One

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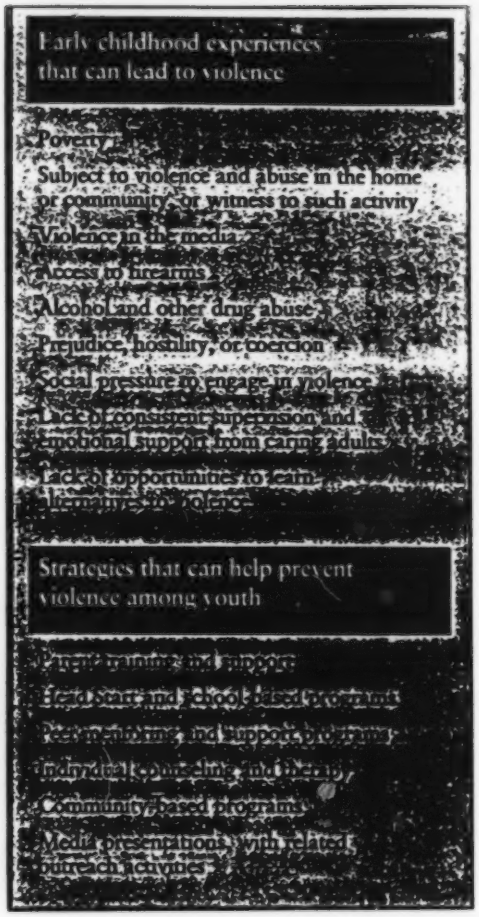
promising strategy is to identify and strengthen those factors that keep young people from turning to violence as a response to social conditions.

Learning and unlearning. Psychologists help develop violence-prevention and aggression-reduction curricula for schools all over the country. Psychologists also identify children who have emotional and behavioral problems related to violence. They also institute intervention programs that help children learn nonviolent solutions to their problems. Such efforts teach children to recognize anger and develop techniques that inhibit aggressive responses. They also develop social skills such as interpersonal problem-solving, negotiation, and mediation of disputes among their peers.

In sum, efforts to prevent violence among youth must begin early in life when childhood experience can teach young people to use means other than violence to solve problems or feel empowered.


Early childhood experiences that can lead to violence
Poverty
Subject to violence and abuse in the home or community, or witness to such activity
Violence in the media
Access to firearms
Alcohol and other drug abuse
Prejudice, hostility, or coercion
Social pressure to engage in violence
Lack of consistent supervision and emotional support from caring adults
Lack of opportunities to earn
Strategies that can help prevent violence among youth
Parent training and support
Peer-mediation and support groups
Community-based programs
Media presentations with related outreach activities

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Making Workplaces Safer and More Productive

Advanced technology, a changing workforce, and increased competition in the world economy are bringing about dramatic changes in the nature of jobs and in the physical and mental demands of the workplace. All have serious implications for the well-being and productivity of America's workforce and for the cost of health care.

Psychologists have considerable expertise in assisting organizations with human resource management. They continue to develop better interventions that help make the workplace safer and more productive.

The cost to America. Compensation payments due to worker injury more than doubled between 1980 and 1987—from $13.6 billion to $27.4 billion, with occupational stress claims accounting for 11% of that total. Work-induced problems also consume large portions of the nation's health care budget. Prevention of workplace illnesses and accidents is critical to health care cost-containment. Much of the solution lies in changing people's behavior.

Total direct and indirect costs for stress-related disorders are escalating, now standing at about $100 billion annually.

Although the threat posed by behavioral risk factors is just as real and considerably more profound than physical illness alone, it is less well understood than those that cause physical problems. Some work-induced medical problems, such as carpal tunnel syndrome, are now widely recognized. But other problems related to today's numerous sources of stress and generally rising stress

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levels are only now beginning to attract serious attention.

The contributions of psychology. Psychologists specializing in all kinds of health care delivery deal with a wide range of behavior and health problems through employee assistance programs.

Nearly 600,000 workers a year are disabled by psychological disorders, incurring employer payments of $5.5 billion, and costing workers $10 billion in lost earnings.

Industrial and organizational psychologists are at the forefront of advances in selecting, placing, and training employees, as well as in the development of enlightened management practices.

Engineering (human factors) psychologists are playing a leading role in finding ways to correct unsafe working conditions.

The daunting problems of today's and tomorrow's workplace demand that the contributions of psychology have a prominent position on the nation's health care agenda. We need additional information on stress and stress management, quality of work life, risk-prevention behaviors, adaptation to change, and other urgent workplace issues if we are to cope successfully with the modern work world.

Work must proceed simultaneously on three fronts. Psychological research is needed to help employer and employee better understand and anticipate problems in the workplace. Effective interventions must be developed to address the problems. Rigorous, scientific evaluations must be used to identify the interventions that work.

None are as uniquely positioned as the psychologist to handle these tasks or have proven themselves as effective in evaluating and changing individual and organizational behavior.

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Promoting Women's Health

American women today share many of life's unfortunate experiences with men: for example, job loss, substance abuse, and domestic violence. But there are still some experiences that victimize women more often — sexual discrimination and sexual harassment, for example — or are simply unique to them, such as pregnancy, child birth, and menopause.

Both women and men, of course, suffer from mental health disorders, but the patterns the illnesses take and the way an illness responds to treatment are frequently different.

A reformed American health care system must include a full continuum of mental health services that takes into account the special needs of women. And because women with untreated mental health problems tend to overutilize other types of medical care, both comprehensive and specific mental health services for women are critical to cost-containment.

Women's risk for most types of depression exceeds that of men by two to one.

Women are at risk. One in three women admitted to an emergency room has been seriously abused. Half of chronic pain disorders are suffered by female survivors of abuse. More episodes of posttraumatic stress disorder result from rape than from any other traumatic stressor, including combat. Women suffer more from phobias and panic disorder, and they account for most life-threatening eating disorders.

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Substance abuse is rising among girls and women. Although females use cocaine, heroin, and alcohol less frequently than males, their dependency on these substances, and resulting side effects, develop at a much faster rate and with greater severity.

Treatment is available. Effective treatments tailored to women's special mental health needs are available. Short- and long-term psychotherapy, alone or in combination with medication, has been shown to cause lasting improvements. In fact, psychotherapy often provides an effective alternative to drug therapies in a number of disorders—depression, phobia, and post-traumatic stress, for example—that afflict women disproportionately.

However, current insurance reimbursement patterns show a bias toward inpatient care. Women's mental health needs are best met when reimbursement policy supports a continuum of mental health care: short- and long-term outpatient treatment and partial or day hospitalization, with inpatient care available when needed.

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Psychological Services: Integral to a New Health Care System

CHANGES IN OUR NATION'S HEALTH CARE system are critical to the health of our nation. The American Psychological Association supports the efforts of President Clinton and others to ensure that quality health care is available to all Americans.

Comprehensive health care under the new system must include a broad range of psychological services, including mental health care. Today, the link between behavior, psychological health, and physical health is more fully understood than ever before. This understanding suggests that we must provide adequate care for the psychological needs of all Americans if we are to adequately care for their physical health.

FURTHERMORE, MENTAL HEALTH TREATMENT must be affordable; it should not be limited by an artificial or arbitrary number of visits, number of days, or financial caps. Instead, the duration and scope of treatment should be based on medical or mental health or other psychological need in accordance with professional standards of reasonable care. People requiring mental health services should not be forced to spend a disproportionate share of their income on treatment. It is now generally accepted by the medical community that good mental health is one key to physical well-being. Conversely, poor mental health can cause or contribute to physical illness.

By virtue of their education, training, and experience, psychologists are uniquely qualified to provide a full range of psychological and other mental health services—preventive, acute, specialized, and rehabilitative—in a cost-effective manner.

Americans Need Mental Health Care

The cost of failing to provide appropriate and accessible mental health care is high. Many problems that seriously affect the nation's workforce, including alcohol and other drug abuse, depression, and stress, have a psychological or behavioral component. Studies show that in 1990 alone, depressive illness cost the nation an estimated $43 billion in lost work days.

The present health care system wastes scarce mental health care dollars primarily by discouraging the use of effective and relatively inexpensive outpatient treatment strategies. Too often the people most in need of care don't get it.

Changing the Mental Health Care System

To encourage cost-effective treatment, all who require care must have access to a broad array of integrated inpatient, outpatient, and residential patient services.

Data show that outpatient treatment is effective and costs less than inpatient care. For example, inpatient insurance costs for one month of treatment for an adolescent in a private, nonprofit psychiatric hospital is approximately $25,000, about the cost of treating ten outpatients for one year.

A reformed mental health care system within a new national health care structure should have a benefit design that encourages use of less costly alternatives to inpatient treatment wherever possible without putting patients or others at risk. This design should be based on the following tenets:

This year, approximately 52 million Americans will suffer from a mental disorder, including 8 million children.

- Whenever appropriate, the least restrictive care setting serves as the treatment of choice, with expensive inpatient care devoted to those with the most serious disorders.
- People with serious mental illness receive treatment through a well-designed mental health care benefit that incorporates adequately funded long-term care.
- Flexible inpatient-outpatient benefit trade-offs are available, along with appropriate coverage for a variety of nonhospital-based services—for example, day treatment, school-based programs, residential treatment, and partial hospitalization.
- Copayments are based on the patient's ability to pay or are subsidized to avoid financial hardship or limited access for those who need treatment. Research shows that both inpatient and outpatient mental health utilization can be controlled effectively through copayments, deductibles, and proper benefit design. This research is corroborated by the real-world experience of businesses around the country.
- Provisions and safeguards designed to protect consumer welfare and confidentiality are included.
- To meet the mental health and other psychological needs of all Americans,

particularly the underserved—those in rural and inner city areas—funding for the training of psychologists and other mental health care providers is supported.

In typical mental health plans, 45% to 50% of the benefit dollars are spent on inpatient care.

- Linkages between psychologists and primary care providers is encouraged.
- The role of the public mental health care system is particularly promoted as a way to deliver services to communities and individuals who might otherwise not have access to treatment.
- Increased funding is available for behavioral research on disease prevention, health promotion, and treatment efficacy. Such research is crucial to efficient care and cost-containment within any health care system.

Reform of our nation's health care system cannot succeed without a strong psychological service component and improved mental health service delivery.

A comprehensive, quality mental health care benefit is affordable. Adding quality mental health benefits, together with improved delivery of mental health services, to a universal health plan will not be expensive. Indeed, providing truly comprehensive services with an outpatient emphasis will help drive down the expense of mental health care and, therefore, save on the nation's total health care bill.

Mental health benefits typically represent only 5% to 7% of total medical plan costs.

Critical Features of a New National Health Care Plan

Universal access. Health insurance coverage must be available to all Americans regardless of race, national origin, income, religion, age, sex, health status, sexual orientation, language, or place of residence.

Comprehensive benefits. The new plan must provide a broad range of benefits, including preventive, diagnostic, therapeutic, and long-term care. Comprehensive mental health and other psychological services must be part of any health care package.

Affordability. Health care costs should be proportionally equitable regardless of employment, financial, or health status.

The present 50% copayment proposed for outpatient mental health care should be replaced with a sliding scale copayment plan based on the patient's ability to pay.

Equitable financing. The cost of coverage should be based on the concept of broadly shared risk determined by community-wide rating.

Consumer choice. Americans must be able to choose their health care providers. This option is especially significant in the field of mental health where doctor-patient relationships are important determinants of treatment outcomes.

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Mental Health Services Cut Overall Health Costs

MENTAL HEALTH CARE IS A WISE investment. Making such services part of a comprehensive health care plan will enhance the quality of life and alleviate personal suffering for nearly one out of five Americans. It will also lead to savings in other types of health services. Untreated or inappropriately treated, many people with mental health problems now burden the health care system as they search for a physical cause for a nonphysical ailment.

POOR MENTAL HEALTH CAN AFFECT a patient's family, job, and schoolwork. It can be as crippling as a serious heart condition, and more chronically disabling than lung or gastrointestinal disorders, angina, hypertension, and even diabetes. In any one-month period, for example, almost 8 million people experience depression at an estimated cost of $16 billion annually, $10 billion of which is lost to absenteeism and low productivity.

The Effect on the Workplace

Mental illness limits the ability to work more than almost any other illness. A comprehensive, patient-appropriate mental health benefit has proven to be particularly beneficial for corporate America. It has improved workplace productivity and cut health care costs for many employers and their employees.

The following case studies illustrate the cost-effectiveness of appropriate employer-sponsored mental health benefits:

An estimated 28 million American adults have a serious mental disorder, not counting substance abuse. These illnesses cost society an estimated $129.3 billion annually.

- In 1989, BellSouth adopted a mental health benefit that encouraged employees to receive care in the least restrictive setting. BellSouth's employee claims for psychological services dropped by $6 million over the next three years.
- McDonnell Douglas has been offering a mental health benefit with no constraints on the type of treatment since 1989. In the first year alone, the company saw a 50% decrease in psychiatric inpatient admission costs; per capita mental health costs declined by 34%.
- Between 1989 and 1992, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) expanded its yearly outpatient psychiatric care expenditures from $81 million to $103 million. Since the decision to devote an additional $22 million to outpatient care, CHAMPUS has obtained a net savings of $200 million because of reduced psychiatric hospitalization.
- In one year, Chevron saw a 21% decrease in mental health and substance abuse costs when the company implemented a plan that covered intermediary services and encouraged outpatient care.
- The First National Bank of Chicago saved 30% in mental health and substance abuse costs over four years when it expanded the range of mental health services covered and reduced outpatient copayments from 50% to 15%.
- A review of 58 corporate studies on the effectiveness of psychotherapy for depression found that after depressed patients were treated, 77% scored significantly better on psychological effectiveness evaluations than depressed patients who received no treatment.
- A study of 10,000 Aetna beneficiaries shows that group medical costs dropped progressively in the three years following inclusion of a mental health benefit in Aetna's health plan. One group's monthly cost per person dropped from $242 the year before the addition of the mental health benefit to $162 two years later.

The Effect on the Health Care System

A mental health disorder will strike an estimated 52 million Americans this year. These sufferers average twice as many visits to their primary care physicians as other patients.

Elderly people have a particularly urgent need for mental health care services. A recent random sample of the elderly residing in Medicaid-funded facilities found that nearly 80% of the residents had a moderate to intense need for mental health care. As the elderly become a larger and larger portion of the American population, the pressure on the health care system to provide for their mental health will increase proportionately.

One case study illustrates a way in which appropriate mental health care reduces overall health spending. That study of 20,000 Columbia Medical Plan participants (Maryland) found that people with untreated mental illness increased their visits to health care providers by 61% during a one-year period. Those people with a mental illness who received psychological treatment increased their visits to providers by only 11%.

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PSYCHOLOGICAL SERVICES FOR THE 21ST CENTURY

Psychology's Role in Health Care

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Psychological Services Address a Range of Health Concerns

PSYCHOLOGISTS ARE UNIQUELY QUALIFIED and positioned to provide a wide spectrum of care to inpatients, outpatients, and ambulatory patients. This care includes comprehensive assessment, diagnosis, treatment, rehabilitation, and prevention for a variety of mental health and mental health-related problems.

Psychologists provide care to people with mental or emotional disorders of varying intensity. Type and duration of treatment depend on the disorder. Illnesses range from the moderate mental health disorders to severe and persistent mental illness; mental disorders and impairments caused by traumatic brain injuries and other types of brain damage, such as stroke and Alzheimer's disease; substance abuse disorders; grief and bereavement; and family dysfunction.

THE EDUCATION AND TRAINING of psychologists also prepare them to play an increasing role in addressing medical problems. Psychotherapy, for example, is known to be effective in reducing factors such as stress and unhealthy behaviors that contribute to illness. Psychologists can help with pain management, treat sleep and eating disorders, and practice crisis intervention, biofeedback, and behavior therapies. They work with chemotherapy and pre- and postsurgery patients so they can better handle the emotional aftermath of treatment, and with people coping with chronic or terminal illnesses.

A Variety of Settings

Psychologists work in formal medical institutions such as hospitals, skilled nursing facilities, partial hospital facilities, and rehabilitation centers. They work in community health care clinics, private offices, and other outpatient settings. They also provide services in school-based health programs.

Psychologists prefer to provide treatment in the least restrictive environment. Clinical and empirical evidence suggests that the outpatient setting—the least restrictive of all environments—offers the best, or an equally effective, clinical response to many problems. Outpatient treatment is generally the most cost-effective way to deliver treatment.

Training and Credentialing

No other mental health profession requires as high a degree of education and training in mental health as psychology. Accredited doctoral programs in clinical psychology, including supervised practica and internships at clinics and hospitals, take the psychology student an average of 7.2 years beyond an undergraduate degree.

Licensure is required for independent practice in all 50 states and the District of Columbia. Requirements are generally uniform, authorizing the psychologist to independently diagnose and treat mental and emotional disorders.

Members of the American Psychological Association are bound by a strict code of ethics that is aggressively enforced by the association.

A Continuum of Care

Assessment and diagnosis. Psychologists provide assessment and diagnostic services for people with mental retardation, traumatic brain injury, Alzheimer's disease, neurological and neuropsychological conditions, learning disabilities, and mental illness. Accurate assessment and diagnosis are essential for appropriate and effective treatment in such conditions.

Mental health treatment. Psychologists provide a comprehensive spectrum of mental health services. Among the services are crisis intervention, case management, short- and long-term psychotherapy, psychosocial rehabilitation, behavioral interventions, and psychological counseling.

Rehabilitation. Rehabilitative strategies today involve a number of multidisciplinary, skilled services that minimize the effects of physical, cognitive, and emotional impairments and restore and maximize functional capacity. Full recovery from catastrophic illnesses and injuries, in particular, depends on receiving psychological services in conjunction with other rehabilitation therapies. For this reason, psychologists are integral members of rehabilitation teams, providing counseling and treatment, as well as cognitive remediation for resulting mental impairment.

Preventive interventions. Psychologists provide a number of services aimed at improving health and preventing illness and disability. The services include active interventions for such risk behaviors as smoking, substance abuse, eating disorders, as well as unintended pregnancies and hypertension.

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Psychological Research: Vital to Health Care Reform

SCIENTIFIC RESEARCH INTO THE biomedical and behavioral aspects of the way human beings function is essential to continuous progress in treating illness. It is also critical to the development and evaluation of preventive health care strategies.

EXPANDED SUPPORT OF SUCH RESEARCH must therefore be built into any effort aimed at solving the nation's health care crisis. The outcome will not only be better health for Americans but also more cost-effective service delivery.

The fundamental objectives of health-related psychological research are to identify behavioral risk factors, understand the way health-enhancing and health-damaging behaviors develop, uncover the specific physiological mechanisms underlying behavior, and develop behavioral interventions to prevent illness and promote health.

Research conducted by psychologists, for example, has yielded information on the ways in which people make decisions and weigh risks, thus expanding our understanding of the factors that influence behavior for better or worse. Building on this information, health care providers are already in a better position to empower their patients to choose healthy lifestyles and the most appropriate health care.

Research Contributes to Mental Health Treatment

Continuing research into the biomedical and behavioral aspects of alcohol abuse continues to lead to more effective treatments that prevent relapse and sustain long-term recovery. Recent advances in pharmacotherapy research

have raised the prospect of a medication that will reduce the craving for alcohol. Other psychological studies are attempting to match alcoholics to the best treatment methods on the basis of personal characteristics and to identify the most effective treatment options for companies with employee assistance programs.

Behavioral research on the effectiveness of an array of treatments for specific mental disorders demonstrates that many disorders can now be diagnosed and treated effectively. A growing body of research confirms the significant role of psychotherapeutic interventions in treating severe mental illness in both children and adults. For example, in a two-year period the addition of specific psychosocial treatments to an active medication program for people with schizophrenia can reduce the usual rehospitalization rate of 60% to 25 to 30%.

Research Contributes to Preventing Health Problems

Psychological researchers are also developing intervention strategies in a wide range of health-related areas. These include preventing the onset of smoking, use of alcohol, and use of addictive drugs. The strategies also encompass promoting healthful behaviors that reduce the risk for heart disease, cancer, osteoporosis, and unintentional injuries. Behavior research, in particular, offers clues on ways to curb violence and prevent teenage pregnancy and HIV infection and other sexually transmitted diseases.

Psychological researchers are also working to find ways to improve the efficacy and efficiency of such intervention. For example, there is evidence that the most successful intervention strategies are comprehensive in nature, that is, they address a range of high-risk behaviors and teach people specific skills to make health-protective choices.

Research Contributes to Changing Health Behavior

According to the U.S. Department of Health and Human Services, if Americans who smoke and drink heavily, get insufficient exercise, and tend to lead relatively isolated lives were to change these aspects of their life style, the nation would experience a 40 to 70% drop in premature deaths, one-third the number of acute disability cases, and two-thirds the number of chronic disabilities.

People making positive changes in fewer than ten high-risk behaviors can make a dramatic change in their life expectancy and quality of life.

These are some of the reasons why, under a reformed health care system, the federal government must continue to play a major role in supporting studies of health care services and systems. These studies would include research by psychologists on the effectiveness, quality, and outcomes of individual health care systems; the ability of consumers to make choices and the availability of information on which to base those choices; effects of health care reform on health delivery systems and providers; factors influencing access to health care for underserved populations; and prevention of workplace injury and illness.

In this way, research can help us understand the relationships between particular behavioral, social, and cultural factors and various aspects of health and well-being. Without sound research data, we run the risk of clinging to ineffective health treatments and delivery systems.

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Educating and Training the Next Generation Of Psychologists

EDUCATED AND TRAINED IN THE SCIENCE of human behavior, psychologists—working as teachers, researchers, and practitioners—are uniquely positioned to integrate and apply scientific and professional knowledge and skills to a myriad of health concerns. Today, psychological research and applications cover the full range of human behaviors and conditions, including those involving some of our most pressing social issues—alcoholism and other substance abuse, violence, HIV/AIDS, and mental illness, as well as the lifestyles and health behaviors that affect a person's overall health.

PSYCHOLOGISTS TREAT PEOPLE, develop new treatment approaches, and evaluate the efficacy of existing treatments. If psychologists are to continue to do so in the most effective manner, their role in a multidisciplinary health care setting must be recognized under health care reform, and the funding for their education and training addressed by any reform legislation.

According to the Center for Mental Health Services, U.S. Department of Health and Human Services, there is a shortage of psychologists and other mental health professionals.

Meanwhile, underserved and at-risk populations grow on an almost daily basis. Increased funding for programs to train psychologists is the only way to ensure there will be sufficient numbers of providers in public settings to meet the need for mental health treatment or other psychological care for these Americans.

A Template for Financial Aid

The Clinical Training Program in the Center for Mental Health Services is an example of a federal program of student aid that works to this end. A 1993 report to Congress reveals that 93% of participating students paid back their loans in full. For at least five years after fulfilling their service obligation, 85% continued to work with underserved and high-risk populations in public settings. Most of those they treated would otherwise have not received care.

Unfortunately, funding for this program has been reduced from a high of $93 million in the 1970s to a low of $2.5 million for 1994. Furthermore, the monies will no longer go to support individual students.

Who Loses the Most

As financial aid becomes increasingly difficult to obtain, psychology students have had to rely more and more on personal resources and limited university funds for at least 50% of their expenses. Depending on the student's circumstances and the support programs available, debt upon graduation can range between $50,000 and $100,000.

The field of psychology can contribute substantially to heightening the efficiency and effectiveness of health care in America.

A dearth of financial aid disproportionately afflicts minority students — an especially serious problem. A recent study by the American Psychological Association finds that minority students constitute only about 10% of the profession: 2%, African American; 4%, Hispanic; 3%, Asian; and 1%, Native American. The field of psychology has long been concerned about the traditionally low representation of members of ethnic and racial minorities in the profession, in part because the mental health needs of minority groups are best served by providers who understand and are sensitive to the patient's ethnicity or race.

By 2025 one-half of all American children will be growing up in ethnic or racial minority families. Twenty-five years later, one half of all Americans will be members of minority groups. But although progress has been made in increasing the actual number of minority mental health professionals, the percentage has reached a plateau. Now it threatens to decline.

All minorities appear to be better represented among students working toward psychology baccalaureates than among those seeking doctorates. Here is an untapped pool for graduate education. Efforts are under way by individual colleges and universities to more aggressively recruit and retain minority students in graduate programs of psychology. But additional sources of student financial aid for health professionals must become accessible if sufficient numbers of students, particularly those from minority groups, are to pursue advanced psychology degrees.

This goal can be accomplished by allowing and encouraging the participation of psychologists in federally funded education and training programs.

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